

Foster Family Home - Corrective Action Report

Provider ID: 1-160056

Home Name: Grace Fermin, CNA

Review ID: 1-160056-3

1730 Kilohi Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 9/13/2018

End Date: 9/13/18

Foster Family Home


Required Certificate

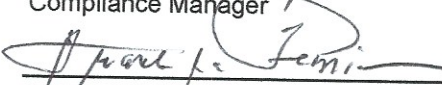
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for 2 person CCFFH recertification review made on 9/13/2018. PCG request to increase to 3 Client CCFFH.
6.(d)(1)- Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date